

MEDICAL ISSUE OR POLICY? A FRAMING ANALYSIS OF THE MEDICAL
MARIJUANA ISSUE IN U.S. NEWSPAPERS

A Thesis

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Christopher Lee Kaiser
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This thesis is for my mother, who always reminded me to smile like Cherry Jones. Her unfailing kindness and ability to see the beauty in all things have been constant inspirations to my life, and I will continue to model those traits. I will always adore her.

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ABSTRACT

This study conducted a framing analysis of the medical marijuana issue in United States print media. In addition, this analysis investigated whether the medical marijuana issue was portrayed as a policy issue or a medical issue, and based the inquiry in public opinion and health communication literature. This analysis extracted a sample (N=240) from newspaper stories that reported the issue within the past five years in states that have enacted medical marijuana legislation. The framing analysis measured the occurrence of frames in three different categories: gain vs. loss, types of frames, and policy vs. medical. Furthermore, this analysis determined if a relationship occurred between the use of a policy context and the conflict frame, and the medical context and the human interest frame. Findings indicate that a majority of the medical marijuana conversation is framed as policy related, as a loss, and as a conflict. This study also uncovered that print media pair the use of conflict and policy frames together, and likewise for human interest and medical frames.

CHAPTER 1 INTRODUCTION

When one spoke about marijuana in the mid-1980s and early 1990s, the conversation was almost exclusively negative, with references to ‘stoners’ who lacked ambition, discipline, and were a danger to the community, or to ‘hippies’ who grew their hair long, practiced ‘free love,’ and protested the government. People would talk about how marijuana was connected to crime; how marijuana caused crime; how marijuana led to using stronger, more addictive drugs. In addition, the marijuana conversation involved racial underpinnings and negative connotations, usually African Americans, Native Americans, or Hispanic Americans (Inciardi, 2002). Younger school children heeded McGruff the Crime Dog’s every word as he discussed drugs, crime awareness, and bullying (O’Keefe, 1986), and older children sat through DARE, or Drug Abuse Resistance Education, and listened to the effects of drugs on the user’s body, friends, and family (Ennett, Tobler, Ringwalt, & Flewelling, 1994). The chats at DARE also included the criminal penalties of marijuana, and the gruesome ramifications of incarceration.

Then the marijuana conversation began to change in the 1990s. California passed the Compassionate Use Act (1996), and then suddenly the discussion turned to marijuana as medicine, and it dominated the media and interpersonal conversations across the nation. However, the federal government still classified marijuana as a Schedule I narcotic under the Controlled Substances Act of 1970, a classification that indicated that marijuana held no medical benefit, a high likelihood for dependence, and increased potential for abuse (Fox, Armentano & Tvert, 2009; Lee, 2012). Journalists reported on bureaucratic turf-wars between state and federal governments, altercations between police and so-called patients, a Congressional ban on medical marijuana in Washington, DC, and additional states that legalized medical marijuana.

Today, the medical marijuana debate continues as more states move to legalize medical marijuana, universities add marijuana curriculum to their course catalogues, and states begin to legalize the recreational use of marijuana. An increasing amount of research has been publicized relating to effectiveness for certain illnesses, complications arising from use, sociologic implications, addiction, and neuroscience (Golan, 2010; Witte, 2013). According to a report released from the Pew Research Center for the People & the Press (2010), a national survey indicates that 73.0 percent of Americans favor legalizing medical marijuana, and 65.0 percent of the Millennial group, those born since 1980, support legalization.

Even with a majority of Americans favoring medical marijuana legislation, there continues to be policy headaches as officials try to implement medical marijuana legislation, or work out legal concerns over definitions, regulations, and locations (Wilson, 2013). The federal and state governments continue to hash it out, but now the U.S. Drug Enforcement Agency has started raiding cannabis dispensaries and horticultural locations (Ross, 2012). From these casual observations, it quickly becomes clear that the medical marijuana issue is both a policy and a medical issue, which begs a few questions: Does print media present medical marijuana as a medical issue, a policy issue, or perhaps both? If it is presented as a medical issue, how is it framed? What about as a policy; how is medical marijuana framed?

Introduction to Theory

The perfect theoretical foundation to analyze the medical marijuana conversation is through framing. In mass communication, framing includes the process that journalists and news organizations use to create news content, and the manner that it is then presented to the audience (Gitlin, 1980), which can aid audience members in understanding and attaching meaning to what they see or read (Goffman, 1974). Research indicates that most media rely on five common

frames (Matthes, 2009; Neuman, Just & Crigler, 1992; Patterson, 1993; Semetko & Valkenburg, 2000). These frames are: conflict, human interest, economic, morality and responsibility.

Therefore, the audience sees how the media frame the medical marijuana conversation, and they make-sense of the issue in terms of the news that they receive. Sometimes journalists report responsibly, and at other times not so much.

In addition, framing can be accomplished through either the emphasis or exclusion of certain aspects of the debate (Entman, 1993; Gitlin, 1980), and the frames employed by the media should operate in four ways (Entman, 1993): they should define the issue, diagnose the cause of the problems concerning it, suggest a remedy to correct the issue, and attach moral meaning to the medical marijuana issue. Thus, a framing analysis can give an insight into the important or ignored facets of the medical marijuana issue. Framing can also highlight the cause of the issue and how to solve it, which could aid in determining if the issue is either policy or medical.

As a political issue, medical marijuana has been debated on legislature floors, argued before judges and Supreme Court Justices, regulated and taxed for multiple reasons, and extended into public policy and opinion. Framing has a close relationship to political communication. Audience members have to make sense of the massive amounts of political communication that is presented to them (Lippmann, 1922); in order to do this, they rely on information from elite sources that might have an agenda at stake (Kinder, 2007). These elite sources present the information in a particular manner in order to tell a story (Gamson & Modigliani, 1987) to large amounts of people in an efficient manner (Gitlin, 1980). Therefore, elite forces shape the medical marijuana issue, namely for efficiency and consistency, but these forces might also hold ulterior motives. Frames also function as advice from experts, which

manipulates how individuals understand and create opinions on political issues (Entman, 1993; Gamson, 1992; Kahneman & Tversky, 1984; Kinder & Sanders, 1996), and in particular medical cannabis. Therefore, framing can indicate how elites present, attribute responsibility, and give advice concerning marijuana.

Framing has a close relationship to health communication. The task of presenting health-related information to the public is often technical and difficult to understand (Coleman, Thorson, & Wilkins, 2011), and the pragmatic purpose of the campaign is seldom understood by the audience (Abroms & Maibach, 2008). Generally, the media can frame health issues through gain frames, benefits of certain health practices, or loss frames, negative consequences or disadvantages of a practice (Kahneman, & Tversky, 1979; Kenterelidou, 2012; Smith, & Petty, 1996). Thus, a framing analysis can reveal if the media discusses the medical marijuana issue as an advantage or a cost, which could aid with media strategies.

The relationship between the media and public health fosters an environment where the media frame a majority of health communications through the use of public relations techniques (Abroms & Maibach, 2008; Kenterelidou, 2012). In addition, the nature and complexity of health information leads individuals to rely on the media to remain informed on health issues (Coleman et al., 2011; Park & Reber 2010) because the media serves as the most convenient and popular source on the matter (Kenterelidou, 2012). Therefore, investigating the medical marijuana issue through framing in health communication can illuminate the message that the media send to audience members.

Thesis Objectives

This thesis conducted a content analysis of print media pertaining to the medical marijuana issue in the United States from 2008 to 2013 to investigate the presence and

occurrence of the five types of frames. Through the analysis, this thesis also sought to determine if newspapers portrayed medical marijuana as either a political or medical issue. In addition, the thesis was interested in analyzing how the media use gain and loss frames. The ultimate objective for this thesis was to determine if the media portray medical marijuana as a policy issue or as a medical issue. In particular, the thesis also sought to explore the associations between certain types of frames and the type of issue, either medical or policy.

Significance

If medical marijuana exists as both a policy and medical issue, as casual observation seems to indicate, then the issue will be affected by framing in political and medical communication. The goals for each type of communication differ, but the means on how to achieve those goals are very similar. Political communication is used to form and promote political debate and public opinion, which leads to the creation of policy. Health communication is used to promote positive and enduring health practices and medical behaviors. However, both types of communication involve a heavy reliance from an elite source, such as news organizations, lobbyists, political pundits, policy-makers and journalist, just to name a few. By relying on the elite source, a specific message is tailored and presented to the masses.

This analysis is relevant because it is important to understand the political and medical messages that are received by the audience. By presenting the medical marijuana issue as a policy issue, elite sources can affect voting decisions, public opinion and tolerance (Nelson, Clawson, & Oxley, 1997; Clawson & Oxley, 2010). By framing the medical marijuana issue as a medical issue, elite sources can affect health behaviors and perceptions (Fortunato, Sigafos, & Morsillo-Searls, 2007). By framing and controlling both aspects of the medical marijuana issue,

the elites control the conversation and could possibly affect the democratic and medical decision processes.

The relevance of this thesis lies in the fact that the medical marijuana issue must be fully explored to understand the messages that the audience receive from the media. The manner in which the issue is framed as a policy will determine the future of legislative attempts across the United States. It will also have an effect on possible legalization endeavors for recreational uses of marijuana. As a medical issue, the manner that it is framed could affect how individual states regulate and establish medical marijuana laws, and how legislatures expand or restrict prescriptive uses. The significance that this thesis will add to the body of literature comes from the possible applications for media campaigns, health-risk communications, social marketing plans, and media advocacy groups.

Cannabis history is rooted in a myriad of societies, including Chinese, Indian, African, Middle Eastern and European, and spans over multiple millennia. In addition, the history of marijuana includes disparate aspects ranging from the most prominent, legislative and medical, to those that are seldom discussed, such as religious, social and industrial. This chapter will focus on the history of marijuana as medicine, including a brief survey of the scientific and experimental research of marijuana, and the history of marijuana as policy, including contemporary marijuana policy in the United States. A review of the historical foundations of marijuana is necessary to understand the conversations that we have about it today because it is those foundations that have shaped and built the conversation. Therefore, the intent of this chapter is to elucidate the pieces of the conversation in order to better understand the medial marijuana issue.

Medical History of Marijuana

The usage of marijuana for traditional medicine represents a reliance on natural remedies through the use of raw material, resins, oils, tinctures and salves (Porter, 1997). Not only do traditional remedies rely on the effectiveness of the plant, but they also depend on its spiritual and symbolic properties (Witte, 2013). This point is important to remember considering that contemporary, western medicine does not generally focus on a connection between medical science and spirituality.

The Chinese have a long and varied tradition of using cannabis for medicinal purposes. According to Iversen (2008), the *Pen Ts'ao Kang Mu*, the Chinese conspectus of herbal medicine, recommended marijuana for the treatment of gout, constipation, and pain associated with menstrual cycles, malaria and rheumatism. This document was first published around 2800 BCE, and “continued to recommend cannabis preparations for many centuries” (Iversen, 2008, p. 116). Another ancient Chinese text, the *Shen-nung Pen Ts'ao Ching*, which dates back to 2000 BCE in oral tradition, gave cannabis the name of *ma*, a character that depicts two plants drying in the sun. This ancient medical text surveyed over 100 ailments that were treated with the cannabis plant through extracts, topical ointments and salves (Zimmerman, Crumpacker, & Bayer, 1998). According to Mechoulam, marijuana was used “in India and China against a variety of neurological and dermatological diseases...” (2000, p. 46). Additional medicinal uses of marijuana were established by the founder of Chinese surgery, Hau T'o, as an anesthetic, and Li Sheh Chen, who used cannabis as an antibiotic and anticoagulant (Mathre, 1997).

Not only is cannabis mentioned in ancient Chinese texts, but it is also found in the medical tomes of India. For example, *bhang*, or tea that is brewed using the leaves and flowers of marijuana, is referenced as belonging to the five kingdoms of herbs that soothe anxiety in

Science of Charms, a medical text dated between 2000-1400 BCE (Iversen, 2008). In the Ayurvedic texts, a Hindu system of medicine from the first century CE, cannabis is described as an analgesic, digestive aid and sleep inducer (Zimmerman, Crumpacker, & Bayer, 1998). Furthermore, evidence suggests that Bharaprakasha, a famous seventeenth century Indian physician, prescribed it for many ailments ranging from dandruff and headache to insomnia and venereal disease (Schultes, Hofmann, & Rätsch, 2001).

Medicinal uses of marijuana were not limited to the Asian subcontinent, but are also found in the Middle East and Africa through archeological remnants. Clay tablets reveal that cannabis was one of the major medical sources for the Assyrians, who dominated the Middle East around 1000 BCE (Mechoulam, 2000). Mechoulam (2000) asserts that the Assyrian kingdom was so vast and enduring that its culture and practices influenced the entire area for over a millennium, which included the tradition of medicinal cannabis. In addition, evidence found in Egyptian papyri show that cannabis was a medicine for mothers and child, which led scholars to believe that it was used to ease pain in childbirth (Mechoulam, 2000). Certain tribes of Africa, such as the Hottentots and Mfengu, have a history of treating snakebites with marijuana (Iversen, 2008). The Bushman, Kaffir and Hottentot tribes are also known to use it as a medicine, and the Sotho women use cannabis before childbirth (Schultes & Hofmann, 1979).

The use of cannabis for medicinal purposes in Europe is described through textual evidence. Both the ancient Greeks and Romans were aware of marijuana through the writings of Herodotus, Galen and Democritus, and it is believed that the Romans who resided in Judea used marijuana for childbirth (Mechoulam, 2000). In addition, hemp was mentioned as holding psychoactive properties, which aided with pain relief and other ailments (Iversen, 2008). Medieval herbalist, Galen and Dioscorides, both described cannabis in medical texts, which

housed their ideologies and practices, and were based on classic text sources. They distinguished cannabis from the hemp fibers, and recommended it for a range of affliction from tumors to cough, but cautioned that it might cause sterility (Schultes & Hofmann, 1979). In Europe, marijuana was continuously recognized and used as medicine from medieval times until the end of the nineteenth century to treat migraines, insomnia and asthma (Grinspoon & Bakalar, 1993; Mechoulam, 2000).

In the United States, the use of cannabis for medicinal purposes predominantly dates during the nineteenth and twentieth centuries. Some scholars refer from the period of 1837 to 1937 as the “Golden Age of Medical Cannabis” because of its common usage and prevalence in multiple remedies (Farmer, 2008). In addition, Makuriya (1973) claims that positive attention was given to cannabis for treating ailments during this time period. However, marijuana would experience a decline in medicinal usage until it would be entirely banned by 1937. This moratorium is attributed to the demand for clean and effective drugs via the Pure Food and Drug Act of 1906 and the Federal Food, Drug and Cosmetic Act of 1938 (Witte, 2013), or that opiates began to take the place of marijuana as an analgesic (Zimmerman, Crumpacker, & Bayer, 1998). In addition, other research connects this decline to Alexander Wood’s invention of the hypodermic needle (Grinspoon & Balaker, 1993; Iversen, 2008). In the United States medical marijuana will not be considered again until the 1990s and into the twenty-first century

Scientific Research & Experimentation on Marijuana

Beginning in the nineteenth century, modern medicine began to investigate cannabis through more empirical and scientific standards, which represents a move from traditional medicine to modern or western medicine (Porter, 1997; Witte, 2013). One of the first scholars to apply experimental standards to medical marijuana was W. B. O’Shaughnessy, a researcher from

the Medical College of Calcutta who used a tincture that contained marijuana resin to treat a variety of ailments (Farmer, 2008). O'Shaughnessy discovered that the potential benefits and cures of marijuana withstood scientific scrutiny. In addition, in 1893 British colonial authorities investigated the practices of using medicinal marijuana, and corroborated the results of these ancient Indian practices (Zimmerman, Crumpacker, & Bayer, 1998). The Indian Hemp Drugs Commission concluded that marijuana was an effective treatment for a range of medical problems from digestive ailments to muscle spasms.

In the United States, then Mayor of New York City, Fiorello LaGuardia, was interested in what marijuana's impacts were on both the city and the human body. His interest was piqued by the Marihuana Tax Act of 1937 leading him to authorize the New York Academy of Medicine to conduct studies (Bonnie & Whitebread, 1999). The studies concluded with the surprising evidence that marijuana poses little biological harm and holds enough medicinal value to warrant further research.

An additional study in the United States that was convened in order to demonize and the medicinal potential of cannabis was the Shafer Commission (Witte, 2013). This time, then President Richard Nixon wanted a justification for the scheduling of marijuana under the Controlled Substances Act of 1970 (Lee, 2012). Once again, the studies sided with marijuana, showing that there was little harm to the human body, and should be studied for medicinal potential. In addition, both studies recommended looser regulations on marijuana (Bonnie & Whitebread, 1999).

Research on marijuana detection for drug dogs based at the University of California-Los Angeles, led to government funded research and horticulture of marijuana. The researcher discovered that cannabis reduced eye pressure in glaucoma patients (Zimmerman, Crumpacker,

& Bayer, 1998). In 1976 Robert Randall used the medical necessity defense when he was tried for marijuana usage (*United States v. Randall*, 1976), which he won, and subsequently petitioned the United States government to provide him with medical marijuana through the Compassionate Investigational New Drug Program (IND) (Chapkis & Webb, 2008). The IND was controlled by the Food and Drug Administration until 1992, when it was disbanded because of increased applications for medical marijuana (Farmer, 2008; Grinspoon & Bakalar, 1993; Lee, 2012).

The Institute of Medicine conducted extensive scientific studies on medical marijuana in 1999 in order to assess the potential harms and benefits. According to the report, marijuana has therapeutic potential in areas such as pain management, gastrointestinal faults and psychological deficits (Joy, Watson, & Benson, 1999). Furthermore, the report elucidated limited adverse effects, and called for further studies to determine if extent of those effects.

Marijuana Policy in the United States

In the United States, the two most often cited pieces of legislation that have shaped the marijuana policy in the United States are the Marihuana Tax Act of 1937 and the Controlled Substances Act of 1970. However, negative attitudes and perceptions toward marijuana began before 1937. As marijuana made its way into the United States from Central and South America around the turn of the 20th century, the public was largely unaware of marijuana (Belenko, 2000). However, law enforcement and political officials connected marijuana to Mexican immigration, which was becoming a concern for those who lived in the southern, Midwestern, and southwestern United States during the 1920s and 1930s (Bonnie & Whitebread, 1999). Politicians from New Orleans and El Paso wanted aid from the federal government to control marijuana, so they convinced the head of the Federal Bureau of Narcotics (FBN), Harry Anslinger, to take control of marijuana policy (Himmelstein, 1983; Sloman, 1998; Witte, 2013).

In order to standardize how each state handled drug issues, Anslinger promoted the Uniform Narcotics Drug Act (1934) by using the media and the American Medical Association (AMA) to established guidelines for marijuana legislation (Bonnie & Whitebread, 1999).

Scholars indicate that criticisms of the FBN and budget cuts caused Anslinger to focus on marijuana policies. In 1937, Anslinger was determined to protect United States citizens from evils and addiction of marijuana (Witte, 2013). Anslinger used rhetoric, scare tactics and created the film *Reefer Madness* to gain passage of the act (Booth, 2005). When the act passed, it did not make marijuana illegal per se; it solely created paperwork for physicians who prescribed marijuana and punishments for those who used the cannabis (Fox, Armentano & Tvert, 2009). The passage of the tax created controversy and stigma around the use of marijuana, and set the stage for outright prohibition of the drug (Booth, 2005; Witte, 2013).

In fact, the stigma became so dark that when the LaGuardia report found that “marijuana was not addicting, did not seriously disturb mental or physical functioning, and did not lead to violence or harder drugs,” (Bertram, Blachman, Sharpe, & Andreas, 1996, p. 82) Anslinger pressured the AMA into taking a punitive stance toward marijuana (Grinspoon & Bakalar, 1993; Lee, 2012). Research claims that Anslingers campaign to vilify the drug was so successful that it created negative images and stereotypes (Witte, 2013).

During the 1960s and 1970s awareness of marijuana’s use dramatically climbed, and social acceptance was widespread. Cannabis became associated with the middle class and university life (Bonnie & Whitebread, 1999). Unlike the linkage to criminality that dominated the public sphere following the Marihuana Tax Act, the rhetoric of marijuana during the 1960s and 1970s focused on marijuana as an issue of public health, a belief that was supported by the AMA (Bonnie & Whitebread, 1999; Lee, 2012). The political arena during the 1960s indicated

that the country was ready to reconsider marijuana policy. President Kennedy forced Anslinger to resign from the FBN, and organized a commission to investigate the link between marijuana, crime, and other drugs, which was not found (Bonnie & Whitebread, 1999; Lee, 2012; Sloman, 1998). However, the new director of the FBN, Henry Giordano, together with the Federal Bureau of Investigation (FBI) asserted that marijuana and crime were linked, thereby, both organizations continued to promote the idea and prosecute offenders (Booth, 2005; Sloman, 1998).

In an attempt to legislate all narcotics, Congress passed the Controlled Substances Act of 1970, which would classify all drugs into five schedules that were based on medical benefits, likelihood of dependence and potential for abuse (Fox, Armentano & Tvert, 2009; Lee, 2012; Witte, 2013). As a result of the act, marijuana was temporarily placed into the schedule that represents the most dangerous drug, Schedule I, until the time when a commission could make a recommendation on its final scheduling. President Nixon appointed the Shafer Commission to address this concern, and to put an end to the lenient policy toward marijuana, but because its findings did not align with the political interests of prohibiting cannabis, the commission's recommendations were largely ignored (Bonnie & Whitebread, 1999, Lee, 2012; Witte, 2013).

The commission's findings suggested that marijuana caused limited damage, and could have medical potential (Gerber, 2004). However, the commission did report a concern of marijuana's impact on behavior; specifically that it caused users "lethargy, self-neglect, feelings of increased capability, with corresponding failure, and precipitation of psychotic episodes" (Bonnie & Whitebread, 1999, p. 228). These dangers were termed amotivational syndrome, and dominated judicial deliberations, federal reports and congressional hearings on marijuana (Himmelstein, 1983). The amotivational syndrome became linked with anti-government

sentiment, youth culture and the anti-Vietnam war movement (Bertram et al., 1996; Gerber, 2004; Lee, 2012).

During the 1980s, Nancy Regan launched the “Just Say No” drug awareness campaign. The basis for her campaign was education and information, and Regan believed that the first step to solving drug abuse was by understanding peer pressure, the reasons why children turn to drugs, and the effects of drugs (Regan, 2011). In order to achieve her informational and educational goals, Regan conducted a highly visible campaign that included visits to drug rehabilitations centers, appearances on television talk shows and dramas, press conferences, and discussion panels (Baum, 1996). In 1982, she was asked by a schoolgirl what to do when offered drugs, and Regan answered “just say no” (Loizeau, 1984, p. 104). The phrase caught on and became the rallying cry for both Regan’s campaign and the anti-drug movement in the United States. Not only did Reagan’s anti-drug campaign inspire zero tolerance policies across the nation, but they also inspired the DARE drug education program.

Marijuana policy during the 1980s was grouped with other narcotics, which led to public concern about illicit drug use. This public concern developed from media portrayals of individuals addicted to smoking crack cocaine and intravenous drug use (Baum, 1996). In response to the public concern and political chaos, President Regan signed a drug enforcement law that provided funding to fight the war on drugs, and created minimum penalties for drug offenses (Whitford & Yates, 2003). State legislatures followed suit, thus incarceration rates soared in the United States. President Clinton’s drug policy mimicked earlier policies, and included his rejection of the recommendations to eliminate disparities between crack and powder cocaine sentences and end the federal moratorium on syringe access programs (Nadelmann, 2004).

Contemporary Medical Marijuana Policy

Following 60 years of policy to discredit and criminalize marijuana and its use, the state of California voted to pass a bill that would allow patients the choice of marijuana as a treatment. Proposition 215, or the Compassionate Use Act of 1996, allows patients and their primary caregivers the right to possess and cultivate marijuana for medicinal usage (Witte, 2013). However, the act runs contrary to the Controlled Substances Act (1970), which still classifies marijuana as an illegal, Schedule I narcotic (Farmer, 2008; Golan, 2010; Lee, 2012; Witte, 2013). This contradiction creates conflicts between the federal government and state governments; however, individual states continue to work on the legislative kinks.

Eighteen states and Washington, DC, have enacted laws that are similar to California's following the passage of Proposition 215. Through ballot initiatives, Alaska, Colorado, Maine, Nevada, Oregon and Washington became the next six states to allow medical marijuana by the middle of 2000. In fact, the ballot initiative is believed to have "forged an early path to medical marijuana legislation" (Witte, 2013, p. 8). Of the states to enact laws that allow medical marijuana, 11 have succeeded through initiatives. The remaining states that have medical marijuana options due to ballot initiatives are as follows: Montana in 2004, Michigan in 2008, Arizona in 2010, and Massachusetts in 2012.

If a medical marijuana measure was not born of an initiative, then the states have to pass the bill through its legislature. In some instances, such as Hawaii and Vermont, the process was easily accomplished, in others cases, the process did not pan out. More states have considered and not passed marijuana bills, than have. Of the 32 states that have attempted to pass medical marijuana legislation, only eight have succeeded, and there are seven states that have never considered a medical marijuana bill. There are six states with pending legislation to legalize

medical marijuana: Illinois, Minnesota, New Hampshire, New York, Ohio and Pennsylvania.

The remaining states that have passed medical marijuana laws through the legislature are as follows: Rhode Island in 2006, New Mexico in 2007, New Jersey in 2010, Delaware in 2011, and Connecticut in 2012. The District of Columbia also followed suit in 2010.

CHAPTER 2

THEORETICAL FOUNDATION

Framing

Since the inception of framing theory, it has become one of the most widely used theoretical foundations in social science research (Borah, 2011). In particular, mass communication scholars widely employ framing analyses of media content (Golan, 2010) through systematic methods that help in “describing, understanding and assessing media performance” (Borah, 2007, p. 3). Framing in mass communication can also refer to the selection and placement of issues (Entman, 1993) that might provide readers with meaning and interpretation of those issues (Reese, Gandy, & Grant, 2001). Therefore, framing theory is a suitable lens by which the present study is able to investigate how the media provides for its audiences the meanings and interpretations of the medical marijuana issue.

However, even with a rise of research rationales and applications based in framing theory, there are still criticism and claims of both operational and conceptual deficiencies in framing research (Sheufele, 1999; Scheufele & Tewksbury, 2007). Researchers in multiple academic disciplines conduct framing studies and base their analyses in a wide range of literature (Borah, 2007), which produces copious amounts of research that are not always consistent and reproducible (Matthes, 2009, Reese, 2007). Hertog and McLeod assert that this flexibility and variety of approaches is “both a blessing and a curse” (2001, p. 139). On the one hand, the variety of analytical approaches have led to a comprehensive view of framing (D’Angelo, 2002; Matthes, 2009) that allows for creativity in methodology (Hertog & McLeod, 2001); while on the other, some analyses have misapplied framing theory (Sheufele, 1999), or used it interchangeably with more suitable research approaches (Scheufele, 2000).

According to Borah (2007; 2011), framing can be divided into two conceptual foundations, either sociological or psychological. The sociological foundations are based on the research of many researchers including Entman (1993), Gamson and Modigliani (1987), Gitlin (1980) and Goffman (1974), who investigate either journalistic norms and procedures, or how news is presented to audiences. The psychological foundations are based on Iyengar (1991; 1996), Kahneman and Tversky (1984) and others, which looks at framing effects on the audience's attitudes, perceptions or beliefs. Of course, this division is not always concrete. Research indicates that the sociological foundation shape framing research in communication (Borah, 2011; Chong & Druckman, 2007), and includes "words, images, phrases, and presentation styles" (Druckman, 2001, p. 227) that the media use during the journalistic process to create news stories. In addition, the sociological foundation of frames is shown to have an impact on the interpretations and definitions of certain issues, and could even direct the audiences on how to make moral judgments (Borah, 2011; Matthes, 2009). Therefore, for the purpose of the present study the conceptual basis of framing will be based in the sociological foundations.

Goffman (1974), one of the founding scholars of framing theory, asserts that framing helps individuals organize the information that they see through the "schemata of interpretation," or a milieu that turns the series of inconsequential events into something meaningful (p. 21). In addition, these frameworks help the audience to "locate, perceive, identify, and label a seemingly infinite number of concrete occurrences" (p. 21). Furthermore, Gitlin (1980) asserts that frames function as "persistent patterns of cognition, interpretation, and presentation, of selection, emphasis, and exclusion" (Gitlin, 1980, p. 7). For Entman (1993), frames hold four functions in regards to an issue: they define; diagnose the cause; make moral judgments concerning; and

suggest remedies for the issue at hand. Along these same lines, Gamson (1992) found that frames function as both diagnostic and evaluation tools, and he contends that frames generally prescribe a remedy. Entman (1993) also asserts that “frames call attention to some aspects of reality while obscuring other elements, which might lead audiences to have different reactions” (p. 55).

Types of Frames

In order to analyze the frames that are present in news content, researchers tend to use either an inductive or deductive approach to analyzing frames. Each approach offers both drawbacks and advantages. For instance, when researchers take an inductive approach, they analyze the media with an open-mind in order to create as many frames as possible (Simon & Xenos, 2000). The inductive approach also grants researchers the ability to use an exploratory look at the data in order to get an idea of the types of frames used, which are then outlined in a codebook (Matthes, 2009). The inductive approach can illuminate the nuances in the frames; however, the research is often based on small samples that are difficult to replicate, thus reducing the research’s reliability (Semetko & Valkenburg, 2000).

On the other hand, a deductive approach involves defining specific frames before the analysis in order to investigate the occurrences of that frame in the news (Semetko & Valkenburg, 2000). When using the deductive approach, researchers must have a clear idea of which frames to code; otherwise, if the frame is not properly predefined it might go unnoticed (Simon, & Xenos, 2000). The advantages of using the approach include that it can be easily replicated; it handles large sample very well; and it is easy to apply to disparate types of media (Matthes, 2009). Therefore, the present study employs a deductive approach based on this literature, and adopts the use of the aforementioned frames for its analysis.

A review of the literature reveals that certain frames are common in the news throughout the United States and Europe. Research indicates that even though these frames are commonplace and sometimes referred to as “generic,” they do not necessarily occur simultaneously within a particular news story (Semetko & Valkenburg, 2000). A wealth of research indicates that certain types of frames account for all of the frames used in the media (Cappella & Jamieson, 1997; Iyengar, 1991; Matthes, 2009; Neuman et al., 1992; Patterson, 1993; Semetko & Valkenburg, 2000). These frames are the conflict frame, the human interest frame, and the economic consequence frame.

Conflict frame. This frame “emphasizes conflict between individuals, groups, or institutions as a means of capturing audience interest” (Semetko & Valkenburg, 2000, p. 95). In particular to medical marijuana, this conflict can extend to include governmental entities, social groups, legislatures, medical organizations, or even patients. In fact, research from Neuman and colleagues (1992) indicate that the media use this frame more frequently than any other. Researchers criticize the media because of the frequent use of the conflict frame, saying that it creates mistrust of politicians and makes the general public cynical (Cappella, & Jamieson, 1997).

Human interest frame. This type of frame adds a relatable person or an emotional element to the issue. In addition, this frame involves “an effort to personalize the news, dramatize or ‘emotionalize’ the news, in order to capture and retain audience interest” (Semetko & Valkenburg, 2000, p. 96). Neuman and colleagues (1992) found it to be the second most common type of frame used in the media.

Economic frame. “The economic frame reflects the preoccupation with ‘the bottom line,’ profit and loss, and wider values of the culture of capitalism” (Neuman et al., 1992, p. 63).

This frame should report the economic consequences on an individual, country, or social group. Furthermore, the language used in an economic consequence frame is generally technical and abstract (Neuman et al., 1992), and states that the consequences are substantial events that could impact the normalcy of a particular system (Graber, 1993; Semetko & Valkenburg, 2000).

Morality frame. According to Semetko and Valkenburg (2000), morality frames “put the event, problem, or issue in the context of religious tenets or moral prescriptions” (p. 96). Research indicates that journalists indirectly frame this way because of journalism’s professional credo of objectivity (Neuman et al., 1992). In addition, Neuman and colleagues (1992) assert that this frame is far more common within the audience’s interpretations of news stories than are actually found in the media.

Responsibility frame. “This frame presents an issue or problem in such a way as to attribute responsibility for its cause or solution to either the government or to an individual or group” (Semetko & Valkenburg, 2000, p. 96). Research connects this frame to Iyengar’s (1991) assertion that by framing the issue episodically, in terms of a particular instance or individual, an individual will attribute responsibility on the individual or event. On the other hand, if the media frame the issue thematically, in terms of the bigger picture or historical context, individuals will push the blame onto the social structure or government.

Framing & Public Opinion

The question of how individuals make sense of political communication and the role that mass communication plays in that process has been the impetus of much research and literature. In fact, one of the seminal works on this topic is Lippmann’s *Public Opinion* (1922). He notes that the behaviors that drive public opinion are a result of the response to a mental image that the media creates and presents to ordinary citizens. Lippmann (1922) coins the term

pseudoenvironment to describe the presentation, which may or may not be accurate, or even relevant. Furthermore, Lippmann (1922) asserts that in order for Americans to make sense of the “swarming confusion of problems” that surrounds them, they must depend on others for information (p. 24). These individuals corroborate to establish the conversation of current events, and while doing so they promote a particular viewpoint (Kinder, 2007).

The promotion of this elite discourse occurs through the presentation of certain frames (Zaller, 1992). According to Gamson and Modigliani (1987), frames function as an organizational idea that grants meaning and creates associations among certain events. This is the process by which an audience can understand the world without having to leave home. However, frames are not overt or obvious to those who consume media; in fact, Gitlin (1980) writes that “media frames, largely unspoken and unacknowledged, organize the world both for journalists who report it and, in some important degree, for us who rely on their reports” (p. 7). Therefore, elite individuals, such as politicians, policy makers and journalists, hold the ability to promote a certain ideology to an unaware or uninformed audience, thus fostering political communication on their terms. Furthermore, Gitlin’s (1980) claim that frames function as devices that allow journalists the comfort of speed and efficiency, means that frames can include the rhetoric used by political elites to advance their ideas (Zaller, 1992). It also means that journalistic norms can restrict the flow of information, or even promote erroneous or misinformation to a heedless audience. For better or worse, the manner by which political elites frame information has a direct impact on shaping an audience’s opinions.

Framing can also function as advice from perceived experts, which in turn affects how audiences receive, cognitively process, comprehend and create opinions on political communications (Gamson, 1992; Kahneman & Tversky, 1984; Kinder, 2007; Kinder & Sanders,

1996). For example, Kinder (2007) writes that “frames suggest how politics should be thought about, thereby encouraging citizens to understand events and issues in particular ways” (p. 156). This can elucidate to one audience member how and what other members are thinking about in regards to the same issue. In addition, Entman (1993) writes that “on most matters of social or political interests, people are generally not so well-informed and cognitively active, and that framing therefore heavily influences their responses to communications” (p. 56).

Framing analysis can also yield information on how individuals ascribe responsibility to certain issues. In order to explain this relationship, Iyengar (1991) differentiated between episodic and thematic frames. When social and political issues are framed in the news in an episodic manner, they are centered on specific individuals, examples or instances. These items focus on examples that “are essentially illustrative of issues” (Iyengar, 1996, p. 62). On the other hand, framing in a thematic manner will emphasize background information and trends concerning issues, which provide a more “in-depth, interpretive analysis” (Iyengar, 1991, p. 14), or places the issue within a historical, geographical, or thematic context (Iyengar, 1996).

Iyengar (1991) believes that there are certain consequences for both types of framing. He writes that episodic framing “tends to elicit individualistic rather than societal attributions of responsibility, while thematic framing has the opposite effect” (p.15-16). By conducting a series of experiments that dealt with different political issues, Iyengar (1991) found that participants who were shown episodic reports were less likely to place responsibility on society, and those participants who were shown thematic reports were less likely to place responsibility on the individuals.

Framing & Health Communication

Research shows that there is an intricate and very important relationship between the media and public health. According to Kenterelidou (2012), “the news media serve as the main conduit and, the most popular, convenient and consistent source of public health information” (p. 116). Furthermore, research indicates that the media keeps its audiences abreast on the relevant, and sometimes, controversial medical information and health policies (Coleman et al., 2011; Park & Reber 2010). Kenterelidou (2012) asserts that medical and health information is not easily comprehended by a majority of individuals; therefore, audience members must rely on the media to present health information into a lay and digestible fashion. In this way, individuals can make an informed decision on personal health practices and receive recommendations on available treatments.

The interplay between the media and public health has led to an increase in health communication research, and the advancement of public awareness. In fact, Kenterelidou (2012) claims that in order to generate public awareness of health-related issues and engage the audience in the appropriate behaviors involves using public relations. The most common publicity tools for health communication are public health information and media campaigns, health-risk communication and social marketing, and media advocacy (Abroms, & Maibach, 2008; Kenterelidou, 2012). The frequent use and varied application indicates that the largest amount of health and medical information, including that on medical marijuana, is framed by the media. Therefore, it is important to investigate how the media presents the medical marijuana issue because it has an effect on health behavior and perceptions (Fortunato et al., 2007).

One common way to apply framing to health communication is through the analysis of gain or loss frames. Conceptually, a gain frame focuses on the benefits of certain health

practices or behaviors, while a loss frame includes negative consequences of accepting the health behavior, or the disadvantages of a certain practice (Kahneman, & Tversky, 1979; Kenterelidou, 2012; Smith, & Petty, 1996). Research is varied in regard to the effectiveness of both the gain and loss frames. The earliest research indicated that loss frames were more efficacious than gain (Kenterelidou, 2012); however, more recent research indicates that each type of frame is effective for a particular type of campaigns. For instance, the gain frame works best for preventative campaigns, and loss frames are more effective on early-detection initiatives (Leshner, & Huei-Cheng, 2009; Wong & McMurray, 2002). In addition, research shows that loss frames are used more frequently than gain in antismoking campaigns (Kenterelidou, 2012; Wong & McMurray, 2002).

CHAPTER 3

RESEARCH QUESTIONS & HYPOTHESES

As mentioned above, one common way to apply framing to health communication is through the analysis of gain or loss frames. The gain frame focuses on the benefits of certain health practices or behaviors, while a loss frame includes negative consequences of accepting the health behavior, or the disadvantages of a certain practice (Kahneman, & Tversky, 1979; Kenterelidou, 2012; Smith, & Petty, 1996). By looking at these types of frames, the present study seeks to determine if and how the print media use both gain and loss frames. In addition, research indicates that loss frames dominate the media representations of smoking (Kenterelidou, 2012; Wong & McMurray, 2002). Based on the previously discussed literature, the present study would like to pose the following research question and hypothesis:

RQ1: How are gain and loss frames reflected in media content that pertains to medical marijuana?

H1: The use of loss frames will be more frequent than the use of gain frames.

Also discussed earlier was the fact that certain types of frames are commonplace in the news throughout the United States and Europe and account for a majority of all frames used by the media (Cappella & Jamieson, 1997; Iyengar, 1991; Matthes, 2009; Neuman et al., 1992; Patterson, 1993; Semetko & Valkenburg, 2000). These frames are the conflict, the human interest, the economic, the morality, and the responsibility frames. Research determines that the most common of these frames is the conflict frame, followed closely by the human interest frame (Neuman et al., 1992; Semetko & Valkenburg, 2000). Therefore, this analysis is interested in how the media frame an issue that resides in both policy and health communication. Based on the earlier mentioned literature, the present study proposes the following research questions and hypotheses:

RQ2: How are the different types of frames utilized in medical marijuana related media content?

H2: The conflict frame will be used more frequently than the human interest frame.

In the previous literature, the present study discussed the relationship between medical information and the media. As the media serve a popular and consistent source of public health information (Kenterelidou, 2012), which keeps audiences abreast on the medical information and health policies (Coleman et al., 2011; Park & Reber 2010), it should follow that there will be an association between the use of the human interest frame and a medical context in print media. In addition, political framing can function as advice from perceived experts, which in turn affects how audiences understand and create opinions on policy related communications (Gamson, 1992; Kahneman & Tversky, 1984; Kinder, 2007; Kinder & Sanders, 1996). Elite individuals, compete for the ability to promote a certain ideology to the audience (Zaller, 1992), thus this analysis believes that there will be another association in print media, one between the conflict frame and the policy context. Based on the earlier mentioned literature, the present study proposes the following research questions and hypotheses:

RQ3: How are the policy and medical contexts represented in media content that relates to medical marijuana?

H3: The policy context will be used together with the conflict frame.

H4: The medical context will be used together with the human interest frame.

CHAPTER 4 METHODOLOGY

Sampling

The present study determined to limit the focus of the analysis to print and wire media. According to The Pew Research Center for the People & the Press (2012), even though there has been a decline in survey respondents who say they read a newspaper yesterday, “somewhat more (38.0 percent) say they regularly read a daily newspaper” (p. 4, emphasis in original). Furthermore, the report states that this number does not include individuals who read newspapers on news aggregates like Google News or Yahoo News. These percentages indicate that print media continue to serve as an important source for news. Moreover, audiences not only access print media in tactile forms, but research indicates that large portions of those who read leading papers do so digitally (Pew Research Center for the People & the Press, 2012). This indicates that print media, in both digital and tactile forms, is still a major media source in the United States. Therefore, the current analysis will limit its scope to newspaper stories.

In addition, the current study will exclude editorials and op-ed columns from its analysis because a framing analysis of editorials on medical marijuana has already been completed. Research indicates that editorial pages are generally subjective and provide readers with indicators of salient issues (Hynds & Archibald, 1996), thus Golan (2010) surmised that the conversation found in the opinion section should be dominated by certain frames. He discovered that editorials largely and equally rely on legal, medical and political frames. Therefore, it becomes redundant to apply a framing analysis to editorial.

When searching for the term “medical marijuana” without any parameters or filters, LexisNexis found an indeterminate number of articles. In doing so, LexisNexis reports over 3000 articles, and will only segment the results into sets of 1000. These segments are ordered

chronologically with multiple duplicate articles. In order to obtain a manageable and representative sample, the present study constructed a sampling scheme that placed parameters around a time frame, and filters around the source title and location of the article, the number of times “medical marijuana” appeared in the article, and the source type of the article. In particular, this study restricted the source location to the 19 areas that have medical marijuana legislation, the aforementioned 18 states and Washington, DC, and limited the source type to both major and small town U.S. newspapers and wires. The intent behind the restrained locations and source type is so that the sampling scheme can ensure adequate numbers of articles that encompass a variety of content from multiple perspectives. The scheme also excluded articles that were older than five years so that this analysis could focus on the most current conversation about medical marijuana. Finally, the term ‘medical marijuana’ must have occurred at least five times in each article to ensure relevant content.

For example, by using the search term “medical marijuana” with instructions to filter At Least 5 Occurrences AND “Connecticut” in the Source Title & Location, selecting US Newspapers & Wires, Major Newspapers and Small Town Newspapers (US) as the sources, and removing duplicate and irrelevant articles, the search yielded 65 results. Upon further inspection, 12 states generated less than 100 articles, thus they were excluded from the present analysis. Washington, DC and the remaining six states, California, Colorado, Maine, Michigan, Montana, and Washington, served as the final source locations.

This scheme generated a population of stories that encompassed the entire medical marijuana issue within a defined area, and helped to narrow the results. In particular, the results included stories that covered medical marijuana issues within that state, those concerning the issue in other states, articles that involved judicial decisions at both the national and local levels,

and those stories that pertained to specific groups or organizations. Furthermore, the population also indicates the amount of media coverage of the medical marijuana issue within each state.

In order to sample from each population, the present study utilized the chronological numbers that LexisNexis assigned to each article, and then used a random number generator to select 10.0 percent of the population for analysis. In addition, the number of articles within each population was rounded to the nearest ten to include more articles rather than less. The sample size for the present analysis was 240 (N=240) news articles that were assigned sequential numbers. A random number generator was used to select 10.0 percent of the sample for an intercoder reliability test.

Procedure

This study observed and analyzed wire and newspaper articles concerning the medical marijuana issue in the United States through a quantitative content analysis. The unit of analysis for the present study was the news article itself; however, each paragraph within the news article served as the mechanism by which to measure the occurrence of particular frames. Research suggests that a paragraph count is a solid procedure that elucidates the presence of frames within media content (Fan, 1988; Roberts, 1989). According to Shah, Watts, Domke, and Fan (2002), “news paragraphs are typically short, with journalistic norms dictating that each one contains a unified idea” (p. 346). For the purpose of this study, a paragraph was defined as the content of an article that is separated before and after by a line break, but does not include subtitles, individual words, contact information, or quote attribution for previous paragraphs. Announcement information, calendar of event information, word phrases, and nonsensical sentence structures were also not defined as a paragraph.

Therefore, each paragraph can be assigned in a mutually exclusive manner to one individual frame. Each category's frame, which constituted a majority of the paragraphs within the news article, was then designated as the most frequent frame for that category. Thereby, each article could then be assigned in a mutually exclusive manner to one individual frame from each category. By choosing to apply the most frequent frame for each category instead of relying solely on the paragraph count, this analysis hoped to overcome measurement error.

The data analysis concerned itself first with the specific demographics of each article, such as title, author, and source location. In addition, the present study applied a paragraph count to each article to ascertain the most frequently used frame in three different categories (a) gain or loss frame, (b) the type of frames, and (c) policy or medical context. A secondary coder was used to divide the coding responsibilities, to reduce the bias created by one coder, and to maintain reliability during the coding process. In addition, the present study employed a third coder for intercoder reliability testing through the random selecting of 10.0 percent of the sample to be coded by all three coders.

Pretest

In order to establish proper training and intercoder reliability before coding the entire sample, the present study held a pretest that contained training and coding sessions. During the training session, all three coders familiarized themselves with the code book, discussed definitions and pertinent procedures and worked together on example of difficult articles. After the training session, the coders analyzed the reliability test. The 24 articles were arranged in a disparate order for each coder to prevent them from working on the same articles at the same time. Articles were arranged chronologically by date for Coder A, alphabetizing the surname of

author for Coder B, and by state location for Coder C. The consistency of all three coders was very close ($Kappa=.921$).

During the pretest coding, this analysis determined that both the morality and responsibility frames were seldom used, less than .01 percent of that sample, thus they were eliminated from the final coding process. Research findings corroborate that these two frames are perceived to occur more frequently than actually do (Golan, 2010; Semetko & Valkenburg, 2000). For more information on the training procedures for coders, see Appendix A.

Frame & Context Definitions

In order to investigate for the presence of certain frames, the present study operationally defined these frames to eliminate confusion. This analysis defined each particular frame with specific references from the sample. It is important to remember that this analysis assigned each newspaper story to one of three different categories of frames in a mutually exclusive manner. These categories were divided into gain vs. loss, types of frames, and policy vs. medical contexts. For the first category, gain vs. loss frames, operational definitions were based in research by Kenterelidou, (2012), Smith and Petty (1996), and Kahneman and Tversky (1979). This category represents newspaper stories that met the following definitions for gain, loss and neither frames.

Gain Frame. Articles presented gain frames as positive outcomes related to medical marijuana. The benefits were grounded in economic, social or health terms, just to name a few. For example, gain frames in economic terms mentioned that medical marijuana will boost local economies through the creation of jobs, collection of taxes, issuance of licenses, and profits. In social terms, gain frame pointed to advances in the democratic process through medical cannabis ballot initiatives and reductions in black market transactions. For instance, ““We're trying to

provide a safe place so people don't have to do this on the street corner or back alley,' said Bill Teichman, 51, owner of the Waterford Area Compassion Club and Everybody's Cafe Health" (Rogers, 2010). Gains connected to health terms alluded to prolonged life, reduced pain and other medical advantages. One example of health gains was illuminated through a doctor's comment "He described one woman in her 50s with the crippling degenerative disease multiple sclerosis. She has had decreased muscle spasms and pain- and has been able to reduce her use of narcotic painkillers and intravenous steroids- since she started using marijuana six months ago" (Haskell, 2009).

Loss Frame. On the other hand, the content presented loss frames as a negative outcome or disadvantage from medical marijuana. Loss frames included references to the cost of creating regulatory offices, boards and personnel to monitor medical marijuana. For instance, "Gov. John Baldacci has created a 14-member task force charged with recommending how to implement the new pharmaceutical distribution system" (Ricker, 2009). In addition, loss frames indicated detrimental effects to the already ill, the creation of additional health concerns, or the addictive nature of marijuana. Social loss frames suggested the fear of abuse by those who are not ill, increased crime or likelihood of users to turn to more sophisticated narcotics. For example, "El Paso County District Attorney Dan May said the dispensaries draw criminal activity. 'We're seeing burglaries, robberies and home invasions,' he said" (Hazelhurst, 2010).

The second category that this study analyzed was the type of frames category. Definitions for these frames will be based in research conducted by Semetko and Valkenburg (2000) and Neuman and colleagues (1992). This category represents newspaper stories that met the following definitions for conflict, human interest, economic and no discernible dominant frames.

Conflict Frame. The conflict frame is one that highlighted the struggle, or conflict, between two or more of the following: groups, governments, individuals, businesses, entities and organizations. In particular to medical marijuana, the conflict was between the federal government and state governments, or between local governments and medical marijuana dispensaries. For example, “In 1996, California voters approved marijuana for medical use on the recommendation of a doctor. But the federal government considers marijuana an illegal drug with no medical value” (Lochner, 2013). Certain conflicts discussed legal battles, “attorneys for the two counties squared off at a hearing Tuesday in San Diego with lawyers for the American Civil Liberties Union, the state Attorney General's Office and medical marijuana patients” (McSherry, 2008). Furthermore, the articles discussed the organizational differences and tensions between two groups that created sides where one group or ideology appeared to be superior to another.

Human Interest Frame. The human interest frames created an emotional connection in the content through an individual's plight, either medically or legally, or by adding a personal component to the story. An example from *The Washington Post* stated, “As the petition deadline approached the initiative's original sponsor, activist Steve Michael, was hospitalized and died from AIDS-related complications. Supporters rallied to continue the campaign in his memory, gathering nearly 20,000 signatures in less than four weeks” (Turner, 2010). The articles emphasized how the medical marijuana issue impacted individuals by delving into their private or personal lives. For instance, “Rosemary DePerez, a nurse with a child at Longfellow Middle School, which is a block from 3PG, told the council that, ‘I support the right of people having pharmaceutical access to medicine. But what I don't support is that it's within 600 feet of my children's school or any school or any child care’” (Scherr, 2012). Stories that are framed in a

human interest manner are also known to generate emotions like compassion, outrage or empathy.

Economic Frame. The economic frame revolves around profit, money, industry or capitalistic processes. In particular to the medical marijuana issue, economic frames are defined as those that discuss financial losses or gains on a community, individual or organization. Paragraphs included references to economic gains from taxes or the creation of jobs from the medical marijuana industry. For example, “Earlier this year, a report by City Manager Steve Duran cited taxation of medical marijuana among possible future revenue sources for the city” (Lochner, 2013). In addition, the article could detail the financial gains that an individual state could miss for not enacting legislation. A prime example of an economic frame published in the Vallejo Times Herald concerning a business tax on medical marijuana dispensaries, “Incumbent Mayor Osby Davis co-authored the argument in favor of Measure B, saying the estimated \$9.8 million in annual revenue was sorely needed” (York, 2011). The story could also be concerned with litigated measures, including actual or punitive damages.

No Discernible Dominant Frame. This category was used for paragraphs and articles that did not meet the criteria for the conflict, human interest or economic frames. In some instances, the paragraph was part of journalistic procedure to give basic information, “County staff is expected to deliver the ordinance to the Board of Supervisors by the end of August, Lambert said” (Mullin, 2012). Other examples of a paragraphs without discernible frames related to background or superfluous information, “Transportation Security Administration spokeswoman Suzanne Trevino said airport security officers are trained to check for dangerous items such as explosives when screening departing passengers, their carry-on bags and checked

luggage” (Rosenberg, 2009). In addition, this type of frame also included isolated quotes that did not have a frame, ““To me, this is a charging issue,’ Mendosa said” (Greenon, 2008).

The third category of frames that this analysis investigated was the policy vs. medical context. Definitions for this category are based in specific references from the newspaper articles. This category represents newspaper stories that met the following definitions for policy, medical or neither context.

Policy Context. The policy context of the medical marijuana issue is defined as relating to legislative concerns, governmental regulations, judicial decisions, administrative issues, or legal ambiguity of medical marijuana. For instance, “After 45 minutes of discussion, the City Council voted 6-1 Monday night to end a moratorium on medical marijuana facilities and enact a law regulating them within the city” (Cole, 2012) In addition, policy context of medical marijuana stemmed from the contradiction of the federal government’s scheduling of marijuana and the state’s definition of medicine. Paragraphs also discussed the confusion around the enacted legislation and conflicts over licensing procedures, zoning regulations and lease agreements. The issue of zoning has become intense as more dispensaries appear, “The state Supreme Court's ruling Monday that cities may ban medical marijuana dispensaries vindicates Lake Forest's long and expensive battle to keep out pot shops, Mayor Scott Voigts said. The city said the dispensaries were violating Lake Forest zoning laws, which forbid businesses operating in violation of state or federal law” (de Crescenzo, 2013). The policy context also referenced court or legal battles.

Medical Context. The medical context puts the medical marijuana issue in the context of medical treatment or research findings. For example, “Washington law allows residents who suffer from a terminal or debilitating illness and have a written recommendation from their

doctor to legally possess a 60-day supply of marijuana” (Chapman, 2009). In addition, medical context paragraphs highlighted caregivers and the rights protecting them. Some paragraphs discussed research findings that support medical marijuana, and others that claim it is bad medicine. For instance this paragraph holds the quote of John Walters, the Bush administration’s drug czar, “‘Smoked marijuana is not a medicine,’ he said. ‘It cannot pass any of the tests we set down for other medical treatments’ like double-blind drug-efficacy studies, and ‘there are no warnings about the known side-effects” (Waterman, 2010). The medical context also elucidated the process that patients take to receive treatment, from doctor-patient discussion and to registry procedures, to going to the dispensary.

Neither Frame. This category was created for both the gain vs. loss and the medical vs. policy categories. In particular, this frame was to be used in the event that the paragraphs did not follow the definitions for any of the frames in each category. Paragraphs were coded into the neither frame for the same reasons as they were for the no discernible frame. These types of paragraphs included the basic information that journalists use when reporting, who, what, why, where, when, and how. In addition, the neither frame paragraphs contained background or tangential information and isolated quotes, for specific examples please see the no discernible frame section above.

CHAPTER 5 RESULTS

RQ1: How are gain and loss frames reflected in newspaper stories that pertain to medical marijuana? In order to address this question, the analysis simply needed to determine the frequencies of all the frames in this category. As seen in Table 1, the most frequently used frame in this category is the loss frame (39.6 percent), with the neither frame and the gain frame categories almost equally divided, 29.6 percent and 30.8 percent respectively.

Table 1: Frequencies of Gain vs. Loss Frames

Type of Frame	N	Percent (%)	SD	Variance
Loss	95	39.6	.490	.240
Gain	74	30.8	.463	.214
Neither Frame	71	29.6	.457	.209
TOTALS	240	100.0	—	—

H1: The use of loss frames will be more frequent than the use of gain frames. In order to accept or reject this hypothesis, this analysis ordered the types of frames by frequency, see Table 1, and then applied a one sample t-test. A one sample t-test allows the ability to test whether the variable's mean significantly differs from a comparison value (Reinard, 2008). The loss frame was used as the variable and the gain frame's percentage was used as the comparison value (value=30.8, N=240, M=.40, SD=.490, t=-961.164, p<.001). These results indicate that the loss frame is significantly used more frequently than gain frames in medical marijuana related print media.

RQ2: How are the different types of frames utilized in medical marijuana related newspaper stories? Once again to address this question, the present study needed only to determine the frequency of each frame in this category. Results for these distributions can be seen in Table 2, and indicate that the most commonly used frame in regards to the medical marijuana issue is the conflict frame (72.1 percent). The conflict frame occurs almost four times

more than the next most common frame, the economic frame (18.3 percent). The remaining frames combined, human interest, no discernible frame or multiple frames totaled less than 10 percent of the total.

Table 2: Frequencies of Types of Frames

Type of Frame	N	Percent (%)	SD	Variance
Conflict	173	72.1	.450	.202
Economic	44	18.3	.388	.150
Human Interest	15	6.30	.243	.059
No Dominant Frame	8	3.30	.180	.032
TOTALS	240	100.0	—	—

H2: The conflict frame will be used more frequently than the human interest frame.

Once again testing this hypothesis requires the types of frames be ordered by frequency, see Table 2, and then applied a one sample t-test was run using the conflict frame as the variable and the human interest frame's percentage as the comparison value (value=6.3, N=240, M=.72, SD=.450, t=-192.273, p<.001). These results are statistically significant, and indicate that the conflict frame was in fact used more frequently than the human interest frame in news articles concerning medical marijuana.

RQ3: How are the policy and medical contexts represented in newspaper stories that relate to medical marijuana? In order to address this research question, the present study turned to another frequency table. Table 3 illuminates that an extremely high percent (93.3 percent) of articles are placed into a policy context. Print media seldom use the medical context (5.5 percent) when reporting on the medical marijuana issue.

Table 3: Frequencies of Policy vs. Medical Context

Type of Context	N	Percent (%)	SD	Variance
Policy	224	93.3	.250	.062
Medical	13	5.40	.227	.051
Neither Frame	3	1.30	.111	.012
TOTALS	240	100.0	—	—

H3: The policy context will be used together with the conflict frame. To test this hypothesis, the present study employed a chi-square test; a test that is appropriate to see if there is a relationship between nominal level dependent variables (Reinard, 2008). In this instance, the comparison reveals significance (Pearson's=36.921, DF=1, $p<.001$), and indicates that the conflict frames and policy contexts are employed together in medical marijuana related print media.

H4: The medical context will be used together with the human interest frame. This test also required a chi-square test, and it also shows significance (Pearson's=144.054, DF=1, $p<.001$). These results indicate that journalists use both the human interest frame and the medical context together.

CHAPTER 6 DISCUSSION

In order to facilitate the interpretation and discussion of the results, the present study will group the first research question with the first hypothesis, the second with the second, and the third question with the final two hypotheses. The rationale behind this organizational structure is that while the research questions look at the macro level of the medical marijuana issue the hypotheses investigate the micro; in this manner, the discussion can look at the entire conversation. In addition, this analysis will be able to probe into the relationship between the different types of frames that are used in print media.

The first research question and hypothesis asked how newspapers reflected gain and loss frames in medical marijuana newspaper stories, and made the claim that loss frames will be used more than gain. The claim is based in the antismoking literature, which demonstrates that print media rely on references to the negative consequences that smoking tobacco (Kenterelidou, 2012) has on an individual's body, family and community. The results show that the significant majority of the medical marijuana articles (39.6 percent) are framed as a loss or a cost over the others, but the gain frames and the neither frames category were close and evenly split, with 30.8 percent and 29.6 percent, respectively.

Research indicates that the spilt should have been far more one-sided because the use of loss frames are shown to be effective in deterring the behavior that is represented in the content, in this case the use of marijuana for medicinal purposes (Leshner, & Huei-Cheng, 2009; Wong & McMurray, 2002). This analysis reveals that a majority of newspaper stories portray medical marijuana as a loss, but that majority is not extreme. The more equal distribution indicates that the media shape and present the marijuana conversation only slightly less frequently as a gain, and this could be based in public opinion that shows an increase in perceived acceptability for

the medical use of marijuana over the past two decades (Pew Research Center for the People & the Press, 2010).

This analysis discovered that most of the loss frames represented in current, medical marijuana related newspaper stories concerned the negative impact on local governments from medical marijuana legislation. In these stories, city councils scrambled to establish patient licensing procedures and reduce ambiguity in laws. They also included references to the kinks created from dispensaries, cultivators and caregivers. Even with the majority of the conversation framed as a loss; the loss relates to the policy of medical marijuana, not to marijuana as medicine. Until the time comes when an established, nationwide policy on medical marijuana is set, the conversation will continue to include these losses.

The second research question and hypothesis asked how print media use the different types of frames in medical marijuana related stories, and made the claim that the conflict frames will be used more than the human interest frame. This claim is based in the literature that conflict sells news (Neuman et al., 1992; Semetko & Valkenburg, 2000). Conflict makes the story action-packed, keeps the audience's interest piqued, and helps journalists tell the story easier (Severin & Tankard, 2001). The results of this analysis found that the medical marijuana issue followed the literature, with a significant 72.1 percent of the sampled articles presenting the conversation as a conflict. The second most common frame was the economic frame at 18.3 percent. It is also important to remember that this analysis excluded two of the other common frames, morality and responsibility, from this analysis because the pretest revealed that they occurred in less than .10 percent of that sample.

The finding that the conflict frame dominates the sample is not surprising. Any news story on the legal battles, legislative matters, economic concerns, and other medical marijuana

engagements is a guaranteed assignment at most news organizations because it sells. This is based in research on news values (Galtung & Ruge, 1965). These factors determine the newsworthiness of a potential story, and include impact, timeliness, proximity, conflict, currency, human interest and prominence. The majority of conflict in the sample indicates that it is a battle to get marijuana as a medical option, and then it continues to be a battle. The data also illuminate that the second most common frame used in medical marijuana content is the economic frame, instead of the expected human interest frame (Semetko & Valkenburg, 2000). These findings show that the print media are content to report on the economic concerns of medical marijuana, and this is most likely because the nation is wondering medical marijuana related businesses are profitable. In addition, this increase in economic consequences could be a result of the recession the United States experienced in the past few years. The media have been saturated with stories of marijuana helping the ailing (Golan, 2010), and the list of diseases and symptoms that marijuana can relieve continues to grow. However, the novelty and desire for solid information on the medical marijuana industry is increasing, and this study suspects that it will also continue to climb.

As Entman (1993) suggested, there is something to be said about the exclusion of certain frames from the conversation, and the medical marijuana issue is no different. Research indicates that the morality frame is believed to occur more frequently than it does (Neuman et al., 1992), and an analysis of editorials revealed similar findings (Golan, 2010). In addition to research, public opinion polls by the Pew Research Center for the People & the Press (2013) reveal that 50.0 percent of those surveyed said that marijuana is not a moral issue and 12.0 percent said that it is morally acceptable. Therefore, the lack of minor occurrences of morality frames is not surprising, and indicates marijuana is one criminal issue that is not overtly

connected to morality. The lack of the responsibility frame indicates that the medical marijuana issue is not one that has an attribution. Patients did not get sick on purpose; states, physicians, and medical centers do not offer marijuana to every patient, only as an option; states must follow the direction of the voters' demands. Where is the blame or praise to be set? This analysis suspects that the ambiguity of the attribution is the main reason for a lack of responsibility frames in the medical marijuana conversation.

The final research question and hypotheses were the impetus for this thesis, which wanted to determine if medical marijuana was presented as either a policy issue or a medical one, and made two claims. Those claims were that the policy context would be framed by conflict, and that human interest frame would frame the medical context. The claim of the relationship between human interest and medical is based in the extension of the literature that indicates the media keeps audiences abreast on medical information and health policies (Coleman et al., 2011; Park & Reber 2010) through the use of emotional connections to specific individuals. The claim for a relationship between conflict and policy is based in the extension of the literature that framing functions as advice from perceived experts, which in turn affects how audiences understand and create opinions on policy related communications (Gamson, 1992; Kahneman & Tversky, 1984; Kinder, 2007; Kinder & Sanders, 1996). Thereby, elite individuals compete for the ability to promote a certain ideology to the audience (Zaller, 1992). Data analysis supported both of these claims with significance.

The data reveal a very interesting fact. An overwhelming majority, 93.3 percent of the newspaper stories placed the medical marijuana issue in a policy context. This indicates that even though the benefits and consequence of medical marijuana, as seen with gain and loss frames, is almost divided, the medical marijuana issue is seldom portrayed as a medical issue

with 5.4 percent of the articles represented. As a policy issue the stories ranged from legal battles, legislative concerns, zoning procedures, federal investigations, and licensing procedures. The analysis revealed that even the casual observation of print stories that appear to be in a medical context, are auxiliary to policy concerns. In fact, even medical references were based in policy or as infrequent occurrences as background information that seldom amounted to a majority of a particular article. Acceptance of medical marijuana does not necessarily remove it from the political arena, and until it becomes a medical issue, marijuana could be delayed in its path to legitimization.

The data also reveal the relationship between the conflict frame and the policy context. In particular, print media tend to report the medical marijuana issue as the minor and major policy skirmishes. The conflicts are no longer about the medicinal value of the marijuana, and truthfully, who would deny terminally-ill patients the possibility of comfort in their remaining days. The current conflicts occur between owners of dispensaries and zoning regulations or legal battles for clarification in newly enacted laws. In addition, this analysis revealed that the recent conflicts also involve the integration of medical marijuana on the community. This analysis suspects that the conflict remains because of competing elite voices (Zaller, 1992), regardless of the policy topic, these forces will muscle for the dominant rank. The conflict lies in the balance between the established beliefs of marijuana and the contemporary demands of a modern nation, but the demands are still policy demands, just as they have been for the past 100 years.

This analysis also found a relationship between the human interest frame and the medical context. On the seldom occurrence that print media used the human interest frame they did so in a medical context. This finding is very surprising because one would assume that the media would pull at the audience's heartstring more frequently in order to have a greater impact on the

audience. However, such high levels of conflict frames indicate that the media believe conflict has a greater newsworthiness than human interest in regards to medical marijuana. As mentioned before, this study speculates the medical context is an old story while the new conversation is about the economic and policy side of marijuana.

CHAPTER 7

LIMITATIONS & FUTURE CONSIDERATIONS

Limitations

The present study held certain limitations that need to be addressed. Two of the limitations were related to frames, while the final limitation concerned sampling. The first limitation concerns the use of predefined frames. The reason for the use of a deductive method, and thereby adoption of established types of frames, was to increase the reliability of the analysis. For the most part, this decision appeared to be beneficial because the intercoder reliability was very high ($\kappa=.921$); however, there is the possibility that additional frames could have existed, but were excluded. In this case 3.3 percent of the sample did not fall into one of the established frames. These articles could have belonged to either the morality or responsibility frames that were excluded from the analysis, or they could have belonged to a frame that could have fostered a more robust discussion. In addition, the frames could have benefited from a more nuanced subdivision. Certainly, it was easy to determine that a paragraph was a conflict, but a conflict between whom would have also yielded a deeper understanding of the medical marijuana issue.

The second limitation that concerned frames was the conversion from a paragraph count to the assignment of a dominant frame for each newspaper article. This decision was rationalized because of the desire to reduce measurement error and help facilitate the coding process. If the decision to reduce the data to categorical, or count information, had not been made, then this study could have applied more sophisticated statistical analyses. Another issue that occurred because of this conversion was that some lengthier articles were constructed with multiple vignettes to the story. Generally, these vignettes approached the topic from disparate viewpoints, whereby the first third of the story could have been framed as a conflict, while the

second was economic, and the third was human interest. This made the paragraph tally more evenly split, thus the dominant frame was only so by minimal amounts. Therefore, the paragraph tally could indicate a different set of frequencies.

The third limitation that this study encountered concerned the sampling scheme. The analysis only sampled Washington D.C. and the states that have enacted medical marijuana legislation in order to manage and narrow the sample, and because of the assumption that there would be a higher frequency of medical marijuana stories in these areas. In hindsight, this decision only limited the investigation of the entire medical marijuana conversation. Frames could have been used differently in states that do not have legislation. For instance, there could have been fewer articles that focused on the loss created by policy conflicts because there were none, or there could have been more articles that focused on medical than policy contexts. By limiting the sample to only certain areas this analysis could have overlooked relevant nuances in this conversation.

Future Considerations

This analysis also generated future considerations in connection to framing analyses of medical marijuana. It would be interesting to address the previously discussed limitation concerning a comparison to the frames used in states with medical marijuana legislation and those without. This might not only give an insight into how the issue is presented in an individual state, but it might also illuminate regional differences and disparities in traditionally Republican and Democrat states. Furthermore, it would also be interesting to investigate the frames used in the late 1980s and early 1990s, and compare them to the currently used frames. This might show if and how the medical marijuana conversation has evolved over time.

In addition, future research could investigate the media representations and presentation styles between legalizing the use of medical marijuana and recreational use. It would be interesting to determine if the media use different frames for each type of use. In addition, a comparison of the implicit attitudes between recreational marijuana and medical marijuana would be a worthwhile investigation. This could lead to a more concrete understanding of the differences between marijuana as medicine or as a policy.

This research also indicates that certain medical issues are in fact political issues. Investigations into highly politicized issues could reveal pertinent relationships on how the media treat and discuss them, and could influence health communication. This would help build the literature on this intersection, which could advise media campaigns, social marketing plans, and media advocacy strategies.

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APPENDIX CODE BOOK

This document serves as a procedure manual, with definitions and examples, to help you through the coding process. This document also has a copy of the code sheet in case you run out of provided copies. It is important that you adhere to the definitions set forth in this manual, so that the data can be collected objectively. In regards to objectivity, please refrain from allowing your personal feelings or political viewpoints to affect how you code. It is also important that you write legibly and keep organized. If you have any questions during the coding session, please feel free to ask them.

For the purpose of this study, you will be asked to (a) provide identifying information of each article, (b) to indicate the presence of the types of frames (*conflict*, *human interest*, *economic*, *morality*, and *responsibility*) for **EACH PARAGRAPH** within the news article, (c) to ascertain the presence of gain or loss frames for **EACH PARAGRAPH** within the news article, and (d) to determine the context of **EACH PARAGRAPH** within the news article. A paragraph is defined as the content of an article that is separated before and after by a line break, but does not include subtitles, contact information, or quote attribution for a previous paragraph. In addition, please exclude announcement information, nonsensical sentence structures, and calendar of event information. Take this excerpt for example:

Cole, G. (2012). Anacortes passes medical marijuana law. *Skagit Valley Herald, State and Regional News Section*. Retrieved June 8, 2013, from LexisNexis Academic database.

Medical marijuana is a safer alternative to other drugs, Turner said.

"I know people who have used it for cancer, and it's been a wonderful thing for those people," he said.

Medical cannabis has been legal in Washington since 1998, but the federal government still considers marijuana a schedule-1 drug illegal under the Controlled Substances Act of 1970.

This excerpt has three paragraphs: the first begins with "Medical marijuana...;" the second with "I know people...;" and the third with "Medical cannabis has been...." Even though each paragraph in this example is technically a sentence, for the purpose of this study **PLEASE TREAT EACH AS A PARAGRAPH THAT IS INDIVIDUALLY ANALYZED.**

(a) The first information that needs to be collected is the headline, author, and the state location of the story. All of this information is found in the top half of the article. In the event that this information is not available, please leave the corresponding space blank.

(c) The first category of frame that you will code for is if the article is presented as a **gain or a loss**. Below you will find a list with explanations and definitions for each type. **PLEASE REMEMBER THAT EACH PARAGRAPH SHOULD ONLY BE DESIGNATED AS ONE TYPE OF FRAME**. If you feel that there are two equally present frames, please mark the multiple frames for each category. Likewise, if there are no types obvious, please indicate it as such. Note: This is may be difficult category to code. Therefore, look at the consequences or effects on the **subject** of each paragraph.

GAIN

Emphasizes the positive outcomes resulting from or relating to an issue. The benefits could be grounded in economic, social or health terms, just to name a few. The issue creates advantages for an individual, group or community. Promotes increases in public safety or concern.

LOSS

Highlights a loss. Negative outcomes are discussed. Issue creates disadvantages for an individual, group or community. Consequences could be connected to economic, social or health terms, just to name a few. Loss of time because policy makers must make new laws and regulations. Inability for penal system to function properly because of conflict. Decrease in public safety.

NEITHER FRAME

Use this category if the newspaper article does not fit into the conflict, human interest or economic frames. This could be basic or background information. Paragraphs that need context to determine. Could be details that add robustness to the article.

(b) The second category of frame that you will code for is the type of frame. Below you will find a list with explanations and definitions for each type. **PLEASE REMEMBER THAT EACH PARAGRAPH SHOULD ONLY BE DESIGNATED AS ONE TYPE OF FRAME**. If you feel that there are two equally present frames, please mark the multiple frames for each category. Likewise, if there are no types obvious, please indicate it as such.

CONFLICT FRAME

Conflict between two or more of the following: governmental, organizational, individual, social, judicial, penal, etc. Creates sides of the issue; one side appears superior/more

trustworthy/likable. Judicial battles for rights not monetary gain. Publicity by competing organizations.

HUMAN INTEREST FRAME

Human face of an issue. Emotional connection to the story, individual or group. Discusses impact on a specific individual. Focuses on a group. Details the personal or private lives of a person. Generates compassion, empathy or outrage in the reader.

ECONOMIC FRAME

Focus is financial gain or loss, money, or capitalistic practices. The relationship of the issue to the economy. The impact could be on a community or on an individual. Judicial decisions of actual or punitive damages.

NO DISCERNIBLE DOMINANT FRAME

Use this category if the newspaper article does not fit into the conflict, human interest or economic frames. This could be basic or background information. Paragraphs that need context to determine. Could be details that add robustness to the article.

(d) The third category that you will code for is if the paragraph is presented in a policy or medical context. Below you will find a list with explanations and definitions for each type. PLEASE REMEMBER THAT EACH PARAGRAPH SHOULD ONLY BE DESIGNATED AS ONE TYPE OF FRAME. If you feel that there are two equally present frames, please mark the multiple frames for each category. Likewise, if there are no types obvious, please indicate it as such.

POLICY CONTEXT

Highlights legislative concerns. Context involves governmental regulations. Includes references to legal ambiguity that could involve conflicts over licensing, zoning, etc.. Context concerns judicial decisions. Federal laws versus state laws.

MEDICAL CONTEXT

Context is focused on medical treatment for particular ailments or symptoms. Highlights research findings. Discusses the relationship between caregivers and patients. Freedom to choose type of treatment. Process to receive medical marijuana. Doctor's testimony.

NEITHER CONTEXT

Use this category if the newspaper article does not fit into the conflict, human interest or economic frames. This could be basic or background information. Paragraphs that need context to determine. Could be details that add robustness to the article.

CODE SHEET

Please make your writing legible. Please use the provided lines for tally marks and circle the most frequent frame or context for each category.

HEADLINE:

AUTHOR:

STATE LOCATION OF SOURCE:

_____ **CONFLICT**

_____ **HUMAN INTEREST**

_____ **ECONOMIC**

_____ **NO DISCERNIBLE FRAME**

_____ **GAIN FRAME**

_____ **LOSS FRAME**

_____ **NEITHER FRAME**

_____ **POLICY CONTEXT**

_____ **MEDICAL CONTEXT**

_____ **NEITHER CONTEXT**

VITA

Christopher ‘Kit’ Kaiser grew up in suburban Saint Louis, Missouri, but moved to central Missouri in his teens. He earned his bachelor’s degrees in Print and Broadcast Journalism from Lincoln University in August, 2011. Kit will earn a Master of Mass Communication from the Manship School of Mass Communication at Louisiana State University in August, 2013. During his undergraduate career, Kit reported on environmental issues, marginalized groups, folklore, and budgetary controversies. In addition, he worked on publicity for several Native American tribes in Sitka, Alaska and as a news writer for KJLU radio station in Jefferson City, Missouri. As a graduate student, Kit contributed to research on political and civic engagement, broadband adoption and uses in south Louisiana, heteronormativity in homosexual family structures, sexting, implicit attitudes toward mental illness, and the Affordable Care Act. In addition, he worked as a supervisor at the Manship Research Facility and as a member communication coordinator for Osher Lifelong Learning Institute at LSU.